

Jonda M. Sasser  
Paralegal Services

9/19/01

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
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27	N
28	✓
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44	✓
45	N
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48	- N
49	✓
50	✓

Claim	Date
Final	
Original	
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51	✓
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59	✓
60	N
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66	N
67	✓
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83	✓
84	N
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87	N
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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